MEDICATION SERVICES EVALUATION

Your Name: (optional) ______________________________ Date: ______________________

Mediator(s) name(s): __________________________________________________________

Please take a few minutes to circle the response that best describes your view about mediation. Additional comments are encouraged and may be continued on the back. Thank you for taking the time to complete this evaluation form.

1. How well did the mediator(s) explain to you what mediation would involve?
   - Very Well
   - Well
   - Okay
   - Not well
   - Not at all

2. How fair was the mediation process?
   - Very Fair
   - Fair
   - Average
   - Unfair
   - Very Unfair

3. During the mediation session, to what degree did you have the opportunity to fully express your views?
   - Very High
   - High
   - Average
   - Low
   - Very Low

4. How well were the issues important to you identified and discussed in the mediation session?
   - Very Well
   - Well
   - Okay
   - Poorly
   - Very Poorly

5. We reached an agreement through mediation covering _________ of the issues important to me.
   - All
   - Most
   - Some
   - A few
   - None

6. To what degree did the mediator(s) understand you?
   - Very Well
   - Well
   - Average
   - Not well
   - Not at all

7. How neutral would you rate the mediator to be?
   - Completely neutral
   - Mostly neutral
   - Somewhat neutral
   - A little neutral
   - Not at all neutral

8. To what degree did you feel you were treated with respect by the mediator?
   - Very high
   - High
   - Average
   - Low
   - Very low

9. To what degree did you feel pressured by the mediators to resolve the dispute quickly?
   - Not at all
   - Slightly
   - Somewhat
   - Moderately
   - Highly

10. How would you rate your level of satisfaction with outcome of the mediation session(s)?
    - Very high
    - High
    - Average
    - Low
    - Very Low

11. How would you rate your level of satisfaction with the mediation process?
    - Very high
    - High
    - Average
    - Low
    - Very Low

12. What would you tell a friend who asks you, “Do you think I should try mediation?” Please explain.
    - Yes
    - Maybe
    - No

13. Are you comfortable being contacted about your feedback? (If answer is yes, please provide a phone # or email address where you can be reached.)
    - Yes
    - No

Please give specific comments on each mediator (optional):  Name of Mediator A = ______________________________
   Name of Mediator B = ______________________________